

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Pilot Travel Centers LLC

Telephone Number:

865-588-7488

Operator Mailing Address (Street):

5508 Lonas Rd

Operator Mailing Address (City, State, Zip Code):

Knoxville, TN 37909

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☒

Certification Class:

N/A

Certification Number:

N/A

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0027251

Issue Date of Current Permit:

06/01/2006

Expiration Date of Current Permit:

07/31/09

Number of Times Permit Reissued:

unknown

Date of Original Permit Issuance:

unknown

Sludge Disposal Permit Number:

n/a

Kentucky DOW Operational Permit #:

n/a

Kentucky DSMRE Permit Number(s):

n/a

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a	
Solid or Special Waste	n/a	
Hazardous Waste - Registration or Permit	n/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Joey Cupp, Environmental Manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Joey Cupp
DMR Mailing Street:	P.O. Box 10146
DMR Mailing City, State, Zip Code:	Knoxville, TN 37939
DMR Official Telephone Number:	865-588-7488

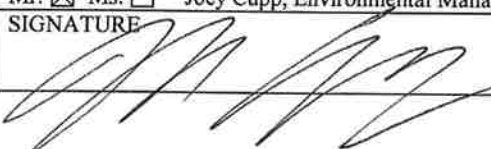
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
Na	Na	Na

XII. EFFLUENT CHARACTERISTICS 392			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	12 mg/L		1
TOTAL SUSPENDED SOLIDS	19 mg/L		1
FECAL COLIFORM	110 cfu/ 100mL		1
TOTAL RESIDUAL CHLORINE	<0.02 mg/L		1
OIL AND GREASE	<5 mg/L		1
CHEMICAL OXYGEN DEMAND	58 mg/L		1
TOTAL ORGANIC CARBON	9.7 mg/L		1
AMMONIA	<0.25 mg/L		1
DISCHARGE FLOW	0.0194 MGD		1
pH	7.18		1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	21.2 °C		1

B. Frequency and duration of flow:	Intermittent, variable
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE
	10-08-09